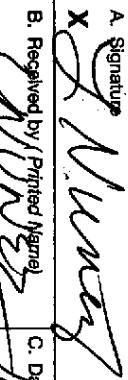
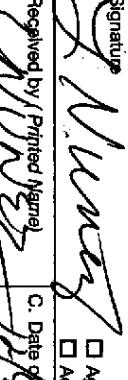


SENDER: COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
COMPLETE THIS SECTION ON DELIVERY	
<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input type="checkbox"/> C. Date of Delivery</p>	
<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>NORMAN M. HOBBIE HOBBIE, CORRIGAN, BERTUCIO & TASHJY, PC 125 WYCKOFF ROAD EATONTOWN, NJ 07724</p>	
<p><small>Mail</small></p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <small>(Transfer from service label)</small> 7000 1670 0000 -4593 0267</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540</p>	